

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Received
Official Use Only



Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Harris Kamala D.

1. Office, Agency, or Court

Agency Name

Department of Justice

Division, Board, Department, District, if applicable

Your Position

Attorney General

► If filing for multiple positions, list below or on an attachment.

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge (Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☐ City of _____

☐ Other _____

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2010, through December 31, 2010.

☐ Leaving Office: Date Left ____/____/____
(Check one)

The period covered is ____/____/____, through December 31, 2010.

☐ The period covered is January 1, 2010, through the date of leaving office.

☐ Assuming Office: Date ____/____/____

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate: Election Year _____ Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 6

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☒ Schedule B - Real Property - schedule attached

☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

5. Verification

I Certify under penalty of perjury under the laws of the State of California that

Date Signed 2/25/11
(month, day, year)

Signature

SCHEDULE D
Income – Gifts

Name

Kamala D. Harris

► NAME OF SOURCE

Consul General Susmita Thomas

ADDRESS (Business Address Acceptable)

540 Arguello Blvd., S.F., CA 94108

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Consul General of India

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

2 / 1 / 10 \$ 78 Book

/ / \$

/ / \$

► NAME OF SOURCE

Blair Berk

ADDRESS (Business Address Acceptable)

9119 W. Sunset Blvd., LA, CA 90069

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Attorney

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

6 / 17 / 10 \$ 420 Basketball game ticket

/ / \$

/ / \$

► NAME OF SOURCE

Consul General Yasumasa Nagamine

ADDRESS (Business Address Acceptable)

50 Fremont St., Ste. 2300, S.F., CA 94105

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Consul General of Japan

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

7 / 28 / 10 \$ 299 Watch

/ / \$

/ / \$

► NAME OF SOURCE

Wayne Friday

ADDRESS (Business Address Acceptable)

1095 14th St., S.F., CA 94114

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Retired

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

11 / 30 / 10 \$ 85 Flowers

/ / \$

/ / \$

► NAME OF SOURCE

Janice Anderson-Santos

ADDRESS (Business Address Acceptable)

1961 Windy Peak Court, Antioch, CA 94531

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Nonprofit Executive

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

11 / 30 / 10 \$ 65 Flowers

/ / \$

/ / \$

► NAME OF SOURCE

Skip Keesal

ADDRESS (Business Address Acceptable)

P.O. Box 1730, Long Beach, CA 90801

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Attorney

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

11 / 30 / 10 \$ 55 Flowers

12 / 7 / 10 \$ 40 Champagne

/ / \$

Comments:

SCHEDULE D Income – Gifts

Name

Kamala D. Harris

► NAME OF SOURCE
Goodwill Industries of S.F., Marin, and San Mateo
ADDRESS (Business Address Acceptable)
1500 Mission St., S.F., CA 94103
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Charitable organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 1 / 10	\$ 50	Flowers
___ / ___ / ___	\$	
___ / ___ / ___	\$	

► NAME OF SOURCE
Darian Swig
ADDRESS (Business Address Acceptable)
377 Marina Blvd., S.F., CA 94123
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Philanthropy/human rights

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 2 / 10	\$ 95	Plant
___ / ___ / ___	\$	
___ / ___ / ___	\$	

► NAME OF SOURCE
Frank Wu
ADDRESS (Business Address Acceptable)
200 McAllister St., S.F., CA 94102
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Dean, U.C. Hastings College of the Law

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 6 / 10	\$ 65	Flowers
___ / ___ / ___	\$	
___ / ___ / ___	\$	

► NAME OF SOURCE
Judge Sandra Armstrong
ADDRESS (Business Address Acceptable)
1301 Clay St., Oakland, CA 94612
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Federal Judge

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 1 / 10	\$ 32.50	Flowers
___ / ___ / ___	\$	
___ / ___ / ___	\$	

► NAME OF SOURCE
Justice Martin Jenkins
ADDRESS (Business Address Acceptable)
350 McAllister St., S.F., CA 94102
BUSINESS ACTIVITY, IF ANY, OF SOURCE
State Appellate Justice

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 1 / 10	\$ 32.50	Flowers
___ / ___ / ___	\$	
___ / ___ / ___	\$	

► NAME OF SOURCE
Khalid & Maha Fakhoury
ADDRESS (Business Address Acceptable)
1038 Canton Circle, Claremont, CA 91711
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Real Estate Investor

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 8 / 10	\$ 65	Gift basket
___ / ___ / ___	\$	
___ / ___ / ___	\$	

Comments: _____

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Kamala D. Harris

▶ NAME OF SOURCE <u>Mimi Silbert</u> ADDRESS (Business Address Acceptable) <u>600 Embarcadero, S.F., CA 94107</u> BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Nonprofit Executive</u>	▶ NAME OF SOURCE ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE 																								
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Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name <u>Kamala D. Harris</u>
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- **Reminder** – you must mark the gift or income box.
- You are not required to report income from government agencies.
- You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.

▶ NAME OF SOURCE <u>Aspen Institute</u>	
ADDRESS (Business Address Acceptable) <u>1000 North 3rd St.,</u>	
CITY AND STATE <u>Aspen, CO 81611</u>	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
<u>Nonprofit organization</u>	
DATE(S): <u>7 / 5 / 10</u> - <u>7 / 7 / 10</u> AMT: \$ <u>1,551</u> <small>(If applicable)</small>	
TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income	
DESCRIPTION: <u>Travel reimbursement for participation in</u> <u>Fellowship Program</u>	

▶ NAME OF SOURCE	
ADDRESS (Business Address Acceptable)	
CITY AND STATE	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____ <small>(If applicable)</small>	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income	
DESCRIPTION: _____	

▶ NAME OF SOURCE	
ADDRESS (Business Address Acceptable)	
CITY AND STATE	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____ <small>(If applicable)</small>	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income	
DESCRIPTION: _____	

▶ NAME OF SOURCE	
ADDRESS (Business Address Acceptable)	
CITY AND STATE	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____ <small>(If applicable)</small>	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income	
DESCRIPTION: _____	

Comments: _____